SARS

Agency:

Investigator: Phone number:

FOR STATE USE ONLY
Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case
Reviewer initials:
Referred to another state:

CASE

Last name: First and middle name: Maiden name: Suffix: Address line: Zip: City: State: County: Facility phone: ( )- - Type: Long-term care resident: ☐ Yes ☐ No ☐ Unknown Facility name:

Date of Birth: / / Estimated? ☐ Age:

Gender: ☐ Female ☐ Male ☐ Other

Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: / /

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed

Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Parent/Guardian name:

Parent/Guardian phone: ( )- - Type:

EVENT

Diagnosis date: / / Onset date: / /

Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown
Date of death / /

Event exception: ☐ Case could not be found ☐ Case could not be interviewed ☐ Case refused interview ☐ Other – see notes

Outbreak related: ☐ Yes ☐ No ☐ Unknown

Outbreak name:

Exposure setting:

Epi-linked: ☐ Yes ☐ No ☐ Unk To whom:

Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown

State: Country:

Healthcare provider information

Last name:

First name:

Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA

Facility name:

Address line 1:

Address line 2:

Zip code: City:

State: County:

Phone : ( )- - Type:

LABORATORY FINDINGS

Laboratory: Accession #: Collection date: / /

Date received: / / Specimen source: Test type:

Result type: ☐ Preliminary ☐ Final Result date: / / Result: ☐ Positive ☐ Negative

Organism: **SARS-CoV**

Laboratory: Accession #: Collection date: / /

Date received: / / Specimen source: Test type:

Result type: ☐ Preliminary ☐ Final Result date: / / Result: ☐ Positive ☐ Negative

Organism: **SARS-CoV**

Laboratory: _____ Accession #: _____ Collection date: / /

Date received: / / Specimen source: _____ Test type: _____

Result type: ☐ Preliminary ☐ Final Result date: / / Result: ☐ Positive ☐ Negative

Organism: **SARS-CoV**

OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'
(If yes, complete the following sections for each known occupation)

Occupation type: _____ Job title: _____

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: _____

Date worked from: / / Address: _____

Date worked to: / / Zip code: _____

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: _____ State: _____ County: _____

Date removed: / / Phone: ( )- - Type:

Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

Occupation type: _____ Job title: _____

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: _____

Date worked from: / / Address: _____

Date worked to: / / Zip code: _____

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: _____ State: _____ County: _____

Date removed: / / Phone: ( )- - Type:

Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: _____ Isolated at entry: ☐ Yes ☐ No ☐ Unk Isolation type (entry): _____

Admission date: / / Discharge date: / / Days hospitalized: _____

Currently isolated: ☐ Yes ☐ No ☐ Unk Current isolation type:

CLINICAL INFO & DIAGNOSIS

Initial classification (select one):
☐ Severe respiratory illness with no known epi link
☐ mild to moderate respiratory illness and epi link including possible SARS exposure
☐ Severe respiratory illness and epi link including possible SARS exposure
☐ Mild to moderate respiratory illness and epi link including likely SARS exposure
☐ Severe respiratory illness and epi link including likely SARS exposure
☐ Clinically compatible illness and laboratory confirmation of SARS-CoV

Fever: ☐ Yes ☐ No ☐ Unk Onset Date: / / Duration: hours/days Highest known fever: C/F

Other symptoms:
☐ Chills
☐ Cough
☐ Diarrhea
☐ Fever
☐ Shortness of breath
☐ Respiratory distress

Health care provider visited: ☐ Yes ☐ No ☐ Unknown
If Yes, complete the following table:

Facility name: _____ _____

Address: _____ Zip code: _____

City: _____ State: _____ County: _____ _____

Phone: ( )- - Type: _____ Date visited: / / Time visited:

Provider name: _____ Title: _____

Chest x-ray done: ☐ Yes ☐ No ☐ Unk Date: / / Result: _____

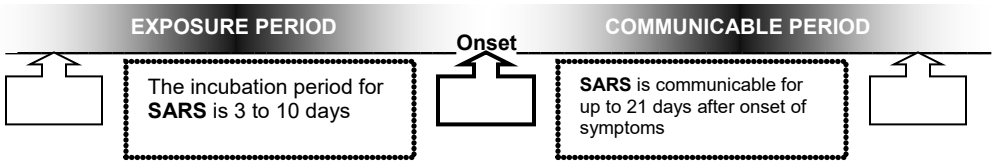
Pneumonia: ☐ Yes ☐ No ☐ Unk Suggestive of RDS: ☐ Yes ☐ No ☐ Unk

CAT scan done: ☐ Yes ☐ No ☐ Unk Date: / / Result: _____

Updated classification (select one):
☐ Severe respiratory illness with no known epi link
☐ Mild to moderate respiratory illness and epi link including possible SARS exposure
☐ Severe respiratory illness and epi link including possible SARS exposure
☐ Mild to moderate respiratory illness and epi link including likely SARS exposure
☐ Severe respiratory illness and epi link including likely SARS exposure
☐ Clinically compatible illness and laboratory confirmation of SARS-CoV
☐ Not a case: negative serology (> 28 days post onset)
☐ Not a case: alternative diagnosis accounts for illness

INFECTION TIMELINE

Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.



RISK FACTORS/TRAVEL

Risk Factors/Travel Information – *In the 10 days prior to onset of symptoms:*

Did the case recently travel to an area with SARS transmission? ☐ Yes ☐ No ☐ Unknown **If yes, where:**

Traveled within Iowa:	☐ Yes ☐ No ☐ Unk	Departure date:	/ /	**Traveled within Iowa:**	☐ Yes ☐ No ☐ Unk	Departure date:	/ /
City within Iowa:	☐ Yes ☐ No ☐ Unk	Return date:	/ /	City within Iowa:	☐ Yes ☐ No ☐ Unk	Return date:	/ /
Type:	☐ Airline ☐ Automobile ☐ Bus ☐ Cruise ship ☐ Train	Company name: / Transport #:		Type:	☐ Airline ☐ Automobile ☐ Bus ☐ Cruise ship ☐ Train	Company name: / Transport #:	
Tour group:	☐ Yes ☐ No ☐ Unk	Symptomatic during travel:	☐ Yes ☐ No ☐ Unk	Tour group:	☐ Yes ☐ No ☐ Unk	Symptomatic during travel:	☐ Yes ☐ No ☐ Unk

Traveled within U.S.:	☐ Yes ☐ No ☐ Unk	Departure date:	/ /	**Traveled within U.S.:**	☐ Yes ☐ No ☐ Unk	Departure date:	/ /
City, State	☐ Yes ☐ No ☐ Unk	Return date:	/ /	City State	☐ Yes ☐ No ☐ Unk	Return date:	/ /
Type:	☐ Airline ☐ Automobile ☐ Bus ☐ Cruise ship ☐ Train	Company name: / Transport #:		Type:	☐ Airline ☐ Automobile ☐ Bus ☐ Cruise ship ☐ Train	Company name: / Transport #:	
Tour group:	☐ Yes ☐ No ☐ Unk	Symptomatic during travel:	☐ Yes ☐ No ☐ Unk	Tour group:	☐ Yes ☐ No ☐ Unk	Symptomatic during travel:	☐ Yes ☐ No ☐ Unk

Travel outside U.S.:	☐ Yes ☐ No ☐ Unk	Departure date: / /		**Traveled outside U.S.:**	☐ Yes ☐ No ☐ Unk	Departure date: / /	
City Country:	☐ Yes ☐ No ☐ Unk	Return date: / /		City Country	☐ Yes ☐ No ☐ Unk	Return date: / /	
Type:	☐ Airline ☐ Automobile ☐ Bus ☐ Cruise ship ☐ Train	Company name:	Transport #:	Type:	☐ Airline ☐ Automobile ☐ Bus ☐ Cruise ship ☐ Train	Company name:	Transport #:
Tour group:	☐ Yes ☐ No ☐ Unk	Symptomatic during travel:	☐ Yes ☐ No ☐ Unk	Tour group:	☐ Yes ☐ No ☐ Unk	Symptomatic during travel:	☐ Yes ☐ No ☐ Unk

Contact with confirmed or probable SARS CoV case: ☐ Yes ☐ No ☐ Unknown

Contact with epi-linked SARS CoV case: ☐ Yes ☐ No ☐ Unknown

CONTACTS

Number of people living in case's household: ____

Are there close contacts of the case with similar symptoms: ☐ Yes ☐ No ☐ Unknown

Close contacts with similar symptoms

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Is contact a case?
☐ Spouse	☐ Sexual contact		/ /	☐ Yes ☐ No
☐ Child	☐ Family member (non-household)			
☐ Sibling	☐ Friend/acquaintance			
☐ Roommate	☐ Contact- work/school/etc			
☐ Parent/ guardian	☐ Unknown/Other			

If this contact is a case create a new event and/or case for this contact.

Did the case recently travel to an area with SARS transmission? ☐ Yes ☐ No ☐ Unknown **If yes, where:**

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Is contact a case?
☐ Spouse	☐ Sexual contact		/ /	☐ Yes ☐ No
☐ Child	☐ Family member (non-household)			
☐ Sibling	☐ Friend/acquaintance			
☐ Roommate	☐ Contact- work/school/etc			
☐ Parent/ guardian	☐ Unknown/Other			

If this contact is a case create a new event and/or case for this contact.

Did the case recently travel to an area with SARS transmission? ☐ Yes ☐ No ☐ Unknown **If yes, where:**

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Is contact a case?
☐ Spouse	☐ Sexual contact		/ /	☐ Yes ☐ No
☐ Child	☐ Family member (non-household)			
☐ Sibling	☐ Friend/acquaintance			
☐ Roommate	☐ Contact- work/school/etc			
☐ Parent/ guardian	☐ Unknown/Other			

If this contact is a case create a new event and/or case for this contact.

Notes:

State use only

11. Classification of patient by state of municipality (using CSTE/CDC definitions): SEE APPENDIX B1	
Initial Classification (check one only): *Report Under Investigation (RUI)* □ RUI-1 □ RUI-2 □ RUI-3 □ RUI-4 *OR SARS disease classification* □ Probable SARS-CoV Case □ Confirmed SARS-CoV Case	Updated Classification (check one only): □ RUI-1 □ RUI-2 □ RUI-3 □ RUI-4 □ Probable SARS-CoV Case □ Confirmed SARS-CoV Case □ Not a case: negative serology (>28 days post onset) □ Not a case: alternative diagnosis accounts for illness Date Updated (most recent): __ __/ __ __/__ __ __ __ m m d d y y y y

13. Alternative Diagnosis

Was an alternative respiratory pathogen detected?
□ Yes
□ No
□ Unknown

If yes indicate which one (see list below): _____

Alternative pathogen (e.g., Influenza A, Influenza B, RSV, rhinovirus, adenovirus, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Mycoplasma*, *Chlamydia pneumoniae*, human parainfluenza virus 1, human parainfluenza 2, human parainfluenza 3, human metapneumovirus, *Legionella* sp., other.):

14. List specimens sent to the CDC

Chose from the following specimens to enter below:
Whole blood, plasma, serum (acute), serum (convalescent), NP swab, NP aspirate, broncheoalveolar lavage specimen, OP swab, tracheal aspirate, pleural tap, urine, stool, tissue.

Specimen 1: _____	If 'Tissue', Specify: _____	Date Sent: __ __/ __ __/ __ __ __ __ m m d d y y y y
Specimen 2: _____	If 'Tissue', Specify: _____	Date Sent: __ __/ __ __/ __ __ __ __ m m d d y y y y
Specimen 3: _____	If 'Tissue', Specify: _____	Date Sent: __ __/ __ __/ __ __ __ __ m m d d y y y y
Specimen 4: _____	If 'Tissue', Specify: _____	Date Sent: __ __/ __ __/ __ __ __ __ m m d d y y y y
Specimen 5: _____	If 'Tissue', Specify: _____	Date Sent: __ __/ __ __/ __ __ __ __ m m d d y y y y
Specimen 6: _____	If 'Tissue', Specify: _____	Date Sent: __ __/ __ __/ __ __ __ __ m m d d y y y y
Specimen 7: _____	If 'Tissue', Specify: _____	Date Sent: __ __/ __ __/ __ __ __ __ m m d d y y y y
Specimen 8: _____	If 'Tissue', Specify: _____	Date Sent: __ __/ __ __/ __ __ __ __ m m d d y y y y